

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2016
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NAME OF PROVIDER OR SUPPLIER PSI III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 770 M STREET SE WASHINGTON, DC 20003
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000 Initial Comments

S 000

An annual licensure survey was conducted on June 1, 2016. The sample sizes were nineteen (19) personnel records, five (5) foster parent records and six (6) foster child records.

The survey findings were based on interview and the review of records.

Note: The below are abbreviations that may appear throughout the body of this report.

Child-Placing Agency - CPA

*Received
7/09/16
cm*

S 465 1639 4(u) Foster Home Study

S 465

(u) A summary of reports from physical examination of each person in the household within six (6) months of the study which verifies that persons in the household do not have communicable diseases, any specific illness, or disabilities which would interfere with the family's ability to parent a child;

This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to ensure that each home study report included a summary of physical examination reports verifying that within six (6) months of the study, each person in the household was clear of communicable disease, for one (1) of the five (5) foster parent files reviewed. (Parent #3)

The finding includes:

On June 1, 2016, at 11:09 a.m., review of the home study report provided for Parent #3, dated December 24, 2015, revealed that Parent #3's mother also lived in the home. Further review of the home study report revealed that Parent #3's

Corrective Action Plan

The TB test for Parent #3 mother was completed on January 2, 2015, results negative.

6-9-2016

& ongoing

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Executive Vice President 6/11/16

(X6) DATE

Health Regulation & Licensing Administration

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S 465	<p>Continued From page 1</p> <p>mother's physical examination was dated December 31, 2014, and noted that a "TB test was pending as of December 31, 2014."</p> <p>Interview with the Director of Operations on June 1, 2016, at 3:09 p.m. revealed that she had no knowledge of what the aforementioned note meant regarding the TB test pending.</p> <p>At the time of the survey, there was no documented evidence to verify that all persons in Parent #3's household was cleared of a communicable disease.</p>	S 465	<p>The tuberculin test was completed on 7/29/15, and read on 7/31/15. The result - negative. A copy of the completed medical report is attached.</p> <p><u>Measure to be put in place:</u> The compliance worker reviews all files before the scheduled quarterly visit to the foster home and are required to get from the foster parents any documents that may be missing.</p> <p>The compliance workers are advised to carefully review the documents to ensure that all required information is current. PSI does require that each person living in a certified foster home an annual medical check up to verify that each person is clear of communicable disease.</p> <p><u>How corrective action will be monitored:</u> The Quality Assurance specialist will check all parent files to ensure compliance with physical examination report requirements.</p>	
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